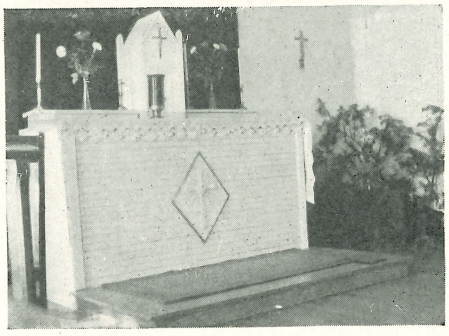
The MEDICAL MISSIONARY

KASHMIRI WOMAN EARNING
HER DAILY
BREAD

Vol. II. FEBRUARY, 1929 No. 5

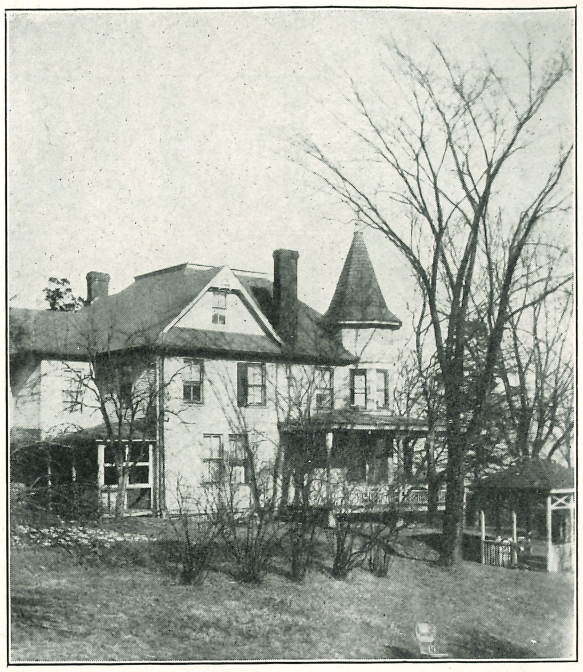
THE NEED OF A MEDICAL MISSION HOUSE

THREE and a half years ago the Society of Catholic Medical Missionaries, then consisting of two members, set out on a romantic journey—in search of its first house. Both members, being complete strangers to the city of Washington, very much appreciated the kindly assistance rendered by Rev. James Kehoe, C. S. C., and Sister Patricia, C. S. C., from the Holy Cross Foreign Mission Seminary, towards this end. Finally, on their advice, we rented a nice seven-room frame house in Brookland, D. C., not far from the Catholic University. The fact that the only article of furniture available then was a broom did not worry the prospective occupants. During the first days, visitors were received most cordially, but had to be satisfied with a seat on grips and trunks. The first article of furniture—a card table—was used as a pedestal for a statue of St. Joseph, who was then and there installed as patron of the temporal affairs of the Society. After two weeks of camp life in the house, we managed to fix it up sufficiently to invite two other candidates, who had offered themselves. Under the guidance of Sister Patricia a modest little chapel was furnished. Having few household effects, the remainder of the house did not absorb very much of our time. On September 30, 1925, the Society of Catholic Medical Missionaries was canonically established by Rt. Rev. Msgr. Thomas, Archbishop Curley's delegate in charge of religious communities of women. The Holy Sacrifice was offered up for the first time in our chapel by Rev. Louis Kelly, C. S. C., after the house had been blessed. The candidates entered



CHAPEL IN THE FIRST HOUSE OF THE SOCIETY

at once on their period of probation. During that year the walls of our first house resounded with more laughter than probably any other of our future houses ever will, for the pioneer conditions can not recur in so many varieties of form at one and the same time again. We were fortunate in having the Holy Cross Foreign Mission Seminary near by. Rev. Francis P. Goodall, C. S. C., now in Bengal, India, who was then our chaplain, said Mass in our chapel regularly. Very Rev. Father Mathis and the other priests



RENTED HOUSE IN BROOKLAND, D. C., OCCUPIED BY THE SOCIETY SINCE 1926.

also helped us out on many occasions. The Sisters of the Holy Cross and the Benedictine Sisters, who lived just across the road from us, also rendered us invaluable aid. After a year's residence there, we determined to transfer our headquarters to a place where we would have less rent to pay, more available space and a heating plant in working order. Our ambitions were high, and we had no reasonable prospects of attaining them. However, one fine day very providentially we heard of an empty house on a hilltop near the Franciscan Monastery, which was offered for lower rental, had almost double the space, a good heating plant, lots of land around, and a beautiful view, besides many other advantages, so that our ambitions were far surpassed, and it did not take us long to make the change. We soon discovered a short cut through the woods to the Franciscan Monastery, and made our way there every morning rain, hail or snow before 6 a. m., quite thankful to have a church so close by. After a short time, however, the Franciscan Fathers surprised us by asking if we would like to have Mass in our chapel. Needless to say, we were more than delighted to accept. The fact that we had Mass every day in our chapel, that the house was so convenient, isolated and beautifully situated, made it so ideal for us that we would like to plant the Medical Mission House here for good, but alas that is not to be. From the beginning we were told that the owners would require the site for themselves sooner or later,

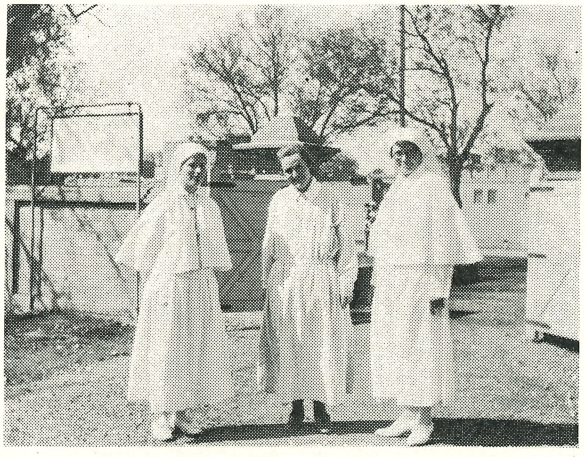
and it was only our good fortune that the project of building was not carried out before. Now, however, plans are ripe to begin the construction after Easter, which means that we have to move *before* then. Being inevitable, it is no use wasting many words about it. Our task now is to house 13 Medical Missionaries and to make provision for more to come. To find a rented house of the required dimension, allowing for a chapel, parlor, refectory, study room, work room, office and sleeping accommodations, is almost an impossibility, besides being a great financial drain.

MEDICAL MISSIONARIES, MEMBERS AND CANDIDATES AT THE MEDICAL MISSION HOUSE

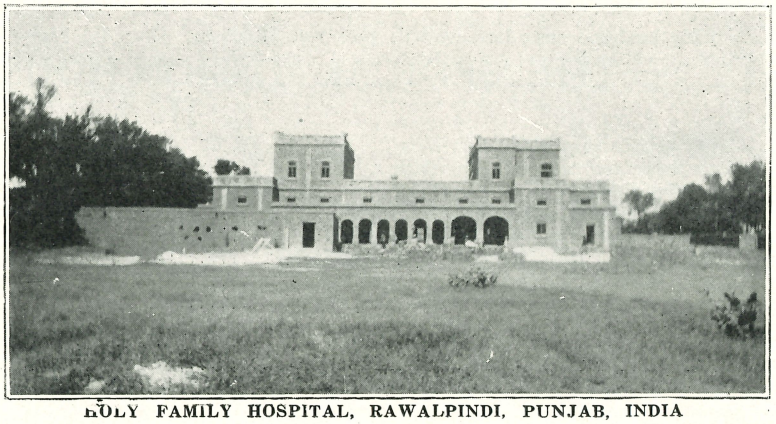
Although our Society had to face difficulties from the very start, it also had some special advantages—one of which was that its first field of labor in Northern India had been providentially prepared before its birth, so to say. Thanks to the generosity of His Eminence, Cardinal Dougherty, His Eminence, Cardinal Hayes, the people of Philadelphia, and benefactors from other parts of the United States, it was possible to build the Holy Family Hospital in Rawalpindi, India. The equipment of the hospital, the traveling expenses of the Missionaries to India, the maintenance of the hospital, devolved on the Society, which naturally necessitated the sacrificing of many things for the Society at home. Even now the temptation is to concentrate all efforts to answer the summons for Medical Missionaries from India, Nigeria and Uganda in Africa and Northern China, but we are convinced that it will be for the eventual good of the work to solidify the foundation at home before branching out into new fields.

For these reasons we looked around for a suitable location for the establishment of a Medical Mission House. In the vicinity of the Catholic University we found a piece of property which could accommodate the members of the Society. The price, including the most urgent improvements, is $25,000. To us it looks an insuperable sum, but yet we do not give up hope! One fairy godmother could make it possible in the twinkling of an eye, but we do not know where to find her. This being the case, we resort to the practical means of laying the case before our friends and asking them to help us, by their Lenten Sacrifices, to establish a center of Medical Mission training, from where Medical women can go out into different parts of the world as Medical Missionaries.

The establishment of a permanent center in America is a step of far-reaching importance for our Society. Every donation, no matter how small, will be a foundation stone, so to say, upon which in time to come, with God's help and grace, an edifice of mercy will be built for His greater honor and glory, the salvation of souls, and the relief of numberless suffering people.



OUR MISSIONARIES IN INDIA



HOLY FAMILY HOSPITAL, RAWALPINDI, PUNJAB, INDIA

WORDS THAT COUNT

OUR appeal for a Medical Mission House—although not yet broadcast—has met with some encouraging answers and comments.

Rt. Rev. Msgr. Wm. Quinn, National Director of the Propagation of the Faith, writes:

January 23, 1929.

Dear DOCTOR DENGEL:

I is gratifying to learn that you have an opportunity to purchase a suitable piece of property for your foundation, The Society of Catholic Medical Missionaries. The fact that your noble enterprise has received the approval of His Grace, Archbishop Curley, should prompt the faithful of the United States to aid your magnificent undertaking. I sincerely trust that you will receive a generous response.

Do not be awed by the obstacles. Divine Providence will surely find a way. I shall pray that God will touch the hearts of our people with generous impulses to assist you.

With every best wish for the success of the Society, I am

Sincerely yours in Christ,

(Signed) WILLIAM QUINN,
National Director.

The President of the International Catholic Truth Society, Rt. Rev. Msgr. William F. McGinnis, S. T. D., writes:

January 5, 1929.

Dear DOCTOR DENGEL:

I am deeply impressed with the spirit and ambitions of the Catholic Medical Missionaries, and as an evidence of my desire to help advance your noble work I beg to inclose an offering of $200 to aid in your plan to secure a permanent house for the Society. God grant that you all may soon be housed and an opportunity provided for more servants of Christ to consecrate themselves to the glorious cause.

I might add that we may be of a slight assistance to your Missionaries by placing them on our remailing list, i. e., on the list of those to whom original subscribers remail their Catholic papers and magazines.

Begging a memento in your prayers, I am

Yours sincerely in Christ,

(Signed) WM. F. McGINNIS.

A lady who has mothered us from the beginning writes:

"My husband says that he will give you $1,000 in cash. Pray—pray as you have never before that I may be able to help you more."

From California we received this pleasant surprise letter:

"I think I have enough generosity and enough money, though they seem seldom to get together, to give you a thousand dollars for your Medical Mission House fund, but you must not tell anybody. And I think I could arrange to loan you another thousand, and I hope that others will give you whatever else you need."

One of our oldest friends and benefactors says:

"* * * I wish with all my heart (having boundless faith in your great mission) that I could send you a big, big check to help get your much needed Medical Mission House Fund under way. However, others more bountifully blessed than I am with this world's goods will do that in ever increasing numbers, I am assured. Meanwhile I am overjoyed to be sending this mite, $250, in memory of my father."

A woman doctor writes:

"I have many requests, but my heart is with you and your work. I shall pray and will send something."

Space forbids us to cite more letters. We are most grateful for these and other donations received for the Medical Mission House Fund. They are a substantial beginning. However, few people can afford to be so generous. In the long run it will be the small donations from the many who will make it possible for us to have a Medical Mission House.

Every day during Lent we will say the Stations of the Cross for the contributors to the Medical Mission House Fund, asking Our Lord to grant the special intentions of each individual benefactor.

I am only one! **But I am one!**
I can not do everything,
But I can **do something!**
What I can do I ought to do—
And what I ought to do, by God's grace,
I will do.

—Irish Nursing News.

THE MEDICAL MISSION HOUSE A REALITY IF

Five benefactors will contribute	$1,000.00	$5,000.00
Ten benefactors will contribute	500.00	5,000.00
Ten benefactors will contribute	250.00	2,500.00
Twenty benefactors will contribute	100.00	2,000.00
Thirty benefactors will contribute	50.00	1,500.00
Two hundred benefactors will contribute	10.00	2 000.00
Two hundred benefactors will contribute	5.00	1,000.00
One thousand benefactors will contribute	1.00	1,000.00
TOTAL NEEDED		$20,000.00
ALREADY CONTRIBUTED		5,000.00
		$25,000.00

The MEDICAL MISSIONARY

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EDITORIALS

A LENTEN THOUGHT

Sacrifice is the measure of our love. Thus meditating during Lent on Our Lord's testament of love—the institution of the Blessed Sacrament at the Last Supper, the agony in the garden, His betrayal by one of His own, the dragging before tribunals, the scourging at the pillar at the hands of merciless ruffians, the pain and humiliation of the crowning with thorns, the carrying of the Cross, His hands and feet nailed to it, the last words of forgiveness and mercy from His parched lips, His Sacred Heart opened—we realize that we can not apply any human measure to *His* love.

We reflect how we could show *our* gratitude and love. Fortunately, opportunities for proving them surround us like air. One way is to help missionaries more than ever during this Holy Season in their many needs and wants.

ARCHBISHOP CURLEY APPROVES PURCHASE OF PROPERTY FOR MEDICAL MISSION HOUSE

As the first step towards the purchase of a Medical Mission House, we have obtained from Most Reverend Michael J. Curley, Archbishop of Baltimore, permission to acquire property. His Grace accompanied his approval with his blessing and good wishes.

A number of our friends have given proof of their interest in the Medical Mission House by helping us substantially to start the ball rolling. We pray that the Lenten Sacrifices will give it considerable momentum and that we will be able to report by Easter that it has attained its full quota of $25,000.

Having a hospital to maintain, and a growing number of missionaries to train, we can ill afford to be burdened with debts. To avoid this we are keeping our plans within the most modest dimensions possible.

A YEAR'S WORK

The Holy Family Hospital in Rawalpindi, India, was solemnly blessed by His Excellency, Most Rev. Edward A. Mooney, Apostolic Delegate to India on December 14, 1927, but the date for opening its doors to patients was set for the Feast of the Purification, February 2, a year ago. The first patient arrived at 5 a. m., and a baby was born during the day—so there was not much time lost in starting the work.

The annual report not being at hand yet, we shall defer for a month or two giving the number of patients who passed through the Holy Family Hospital. At Thanksgiving Dr. Lyons wrote that until then they had 24 baptisms, 130 in-patients, and over 5,000 out-patients. The work of any hospital, much less of a pioneer Mission hospital can not be judged by statistics. The equipment of the Hospital, the organization of the work, the actual care of the sick, and the beginning of the training school for native nurses was each a big task in itself. In addition, the hospital is the parochial and social center of the native congregation which places upon our Missionaries many non-professional duties.

The starting of a hospital for women and children in a native city in far-off India was certainly a great missionary and professional opportunity for three young women. The fact that they did it joyfully, energetically and with comparatively slender means at their disposal is an achievement which makes not only the members of the Society at home happy, but also all benefactors who share in the work through their prayers and alms. We thank the Holy Family for the manifold blessings bestowed on our hospital during the first year of its existence, and we ask God to let us help a greater number of people as time goes on.

REVIEW—"The Soul of the Hospital," by the Rev. Edward F. Garesché, and recently published by W. B. Saunders Company, Philadelphia, Pa., is compiled from a collection of articles which have appeared during the past few years in the "Hospital Progress," "The Modern Hospital," and the "American Journal of Nursing." In the inspiring and educational themes contained therein, the hospital is shown to be composed of body and soul and great stress is laid on the nourishment and development of the soul as well as of that of the body.

The body of the hospital or the material side is composed of all that is required to care for the sick body. The soul of the institution comprises the prevailing spirit of the patients, doctors, nurses and all other workers. The necessity for greater development of the spiritual life is highly emphasized.

A good library system is suggested whereby both nurses and patients are given wholesome food for thought.

The nurse is given a picture of her ideal and made to see how helpful she may be in influencing her patients toward good mental hygiene by guiding their thoughts and placing within their reach good literature. Her work is to endeavor to bring the soul as well as the body to a healthful state.

A beautiful picture of the eminent hospital is drawn showing how indispensable an institution it is and how great an influence for social and spiritual good the hospital can be to the community. Father Garesché is very optimistic as to the future hospital and his timely and forward-looking writings are interesting and helpful to the public in general as well as the hospital worker.

THE SOCIETY AT HOME AND ABROAD

AT PRESENT the Medical Mission House is a lively place. To fit 12 people into a house of our dimensions is not an easy task. Although we are most reluctant to leave our present location, the fact that we are outgrowing it, helps us to do so with more resignation.

The winter term is in full swing. Rev. Father Havey, C. S. C., has resumed his conferences on the spiritual life and Christian Doctrine. The history of the Missions and Mission Science dealing with the religions, manners and customs of the people of our future mission fields are also important and interesting subjects of the year's curriculum.

Professor Bonnerjea has returned to his class, teaching some of the members the melodious Hindustani language.

The musical members are practicing Gregorian chant and playing the organ. Some people may wonder why Medical Missionaries spend time on acquiring so-called accomplishments. For missionaries, they are almost a necessity. For instance, Sister Agnes Marie is the organist of the Holy Family Chapel. A busy Benedictine Sister of Brookland spent many an hour teaching her, and busy Sister Agnes Marie made great efforts to find time for practicing while at home, and now she is very glad to be able to make the chapel resound with music at High Mass and Benediction.

A weekly debate on some scientific subject is also a feature of this term. Papers already read are entitled: "Photography, a Useful Hobby for Missionaries," "Scheme for a Training School for Native Nurses," and "Organizing a Small Library."

The interesting and providential thing in a community is that everybody has different talents, which are all very helpful. An instance of this is *sewing*. One of our candidates is a splendid dressmaker, which solves the problem of the uniforms for the time being.

Thus the world goes round on our hilltop!

NEWS FROM OUR MISSIONARIES ABROAD

"It is my turn to write home this week, but I am afraid that it will be a short note, as we are quite busy just now. You will be glad to hear that Joseph, the premature baby, which I mentioned in the last letter, has changed his mind about dying and begins to flourish. He put on 12 ounces. He weighs now 2 pounds and 12 ounces.

"We were obliged to get another cook. The last one was not satisfactory. He could speak a little English and spent his time telling me that he was a 'single man.' Finally I got tired of hearing the same cry so many times in one day, and told him that single or married it made no difference as far as work was concerned. I thought that he looked puzzled at this but said nothing. Later, I found out that what he meant was that the other servant being away he had to do the work alone. I suppose our Urdu sounds just as funny to them, but those who can speak a little English certainly say some very amusing things."

WHERE EAST MEETS WEST ON THE FRIENDLIEST OF TERMS

Dr. Lyons and one of our Catholic pupil nurses with a group of Mohammedan purdah ladies, who seem to enjoy their visit to the dispensary

IN MEMORIAM

As recently as November, we told our readers of the visit to the Medical Mission House of Dr. Anna Roggen, a member of the Medical Mission Institute of Würzburg, Germany. She was then on her way to Tsinanfu in China, where she planned to spend herself as mission doctor in the hospital founded a few years ago by the Franciscan Sisters of St. John's Hospital, Springfield, Ill. However, Our Lord called her to her reward in the prime of life.

On January 19 we received the sad news of her death from Springfield, Ill., where the Franciscan Sisters had been advised by cable that she died of pneumonia only a few weeks after her arrival in China.

Dr. Roggen was one of the pioneers of the Medical Mission Institute at Würzburg.

To be a Mission Doctor requires many years of preparation, and it is a hard and responsible life. But it is worth while. It is difficult to imagine a more beautiful vocation for a woman, which gives her an opportunity to put one of the highest professions open to women to the service of God in the Mission Field.

May many follow in her footsteps!

SPEND A FEW DAYS IN A MISSION HOSPITAL*

I. A Morning With the Out-Patients

SIX A. M is Mass time, and the beginning of our day. Not in a cool and spacious oratory do we kneel to pray, for this is a hospital for women and children in the heart of an Indian bazaar. Nor may you imagine that a profound silence reigns, broken only by the occasional rustle of prayer books and the tinkle of a silver bell, because, small as it is, our chapel must accommodate a crowd of native Christians as well as the hospital staff. See these native Christians, kneeling on the floor in rows, hands clasped, eyes devoutly raised to heaven, praying aloud in a wailing chant, their voices rising and falling like the wind that heralds an approaching storm. The babies accompany their mothers to Mass, since they can not be left at home alone. They sleep on some old cloths on the floor, every now and then waking and adding volume to the noise.

In spite of all discomforts and distractions there can not be many places so conducive to fervent prayer as a mission hospital chapel. There is so much to pray for. Besides our own necessities, which must grow with the expanse of the hospital, and the welfare and perseverance of the Catholics, we can not but storm heaven for those poor pagan sufferers in the wards. They are so near for the first time in their lives to the Divine Heart Who loves to gather suffering ones close to Him, that He may heal their wounds and have them for His own.

When Mass is over and breakfast finished, we make a round of the wards, but we can not linger there now. Operations must be performed before the theatre becomes unbearably warm, for the tropical sun is mounting in the sky. Besides, we must get to the out-patients early, so that the women may return home before the noon-time heat and before their husbands' appetite has suffered from delay of his mid-day meal. Already there are many in the waiting-room, and, as this is a Purdah hospital, where the eye of man can not penetrate, they have discarded their all-enveloping outdoor wraps. Their bright colored clothes and jewels make a lovely splash of color against the lime-washed walls. In the compound still others are emerging from closely curtained carriages; a short run, with frantic clutching of white shrouds, and they are in the women's quarters. If they are rich, they may even have attendants to hold up white sheets, inside which they may stage that little scurry between the carriage and the waiting-room.

There are all classes of women and children gathered together here—Christian, Mohammedan, Hindu—high caste and low caste. Hovering on the steps, hardly daring to venture in, is an out-caste woman, holding an emaciated baby in her arms and two sickly and extremely dirty older children by her side. The Hindu women shrink away from her, and, indeed, it would not be surprising if Christians shrank too. The infant has dysentery and needs admittance into the hospital, but in Indian fashion the remainder of the family want to come in also. The mother is told that they can not stay with it unless they have a good bath and the verminous hair is attended to. This proposal does not please her, but she consents in order to be near her child. One could be excused for believing that it will be their first acquaintance with soap and water.

Once inside the consulting room, the women crowd up. "Feel my pulse quickly," cries one, "as I must go home and cook." And another, "Give medicine soon, as I have come in a hired car and it will cost me too much if I am delayed." And another, "See my baby at once, or I may lose my train." "First come, first served," says the doctor, "you know the rule here." They laugh and fall back to allow the first-comer to state her case. Not all want to be seen quickly. Coming to the hospital is such an adventure for the Purdah dwellers. How interesting to find out that a woman of an unknown caste has exactly the same complaint as herself. How fascinating to exchange hypotheses as to what is put into the medicine. "Do they put alcohol in it?" the Mohammedans are alarmed, "or unclean water?", the Hindus are anxious. "Oh, no!" a former patient speaks up, "I got well in the hospital, so I know that they put in nothing but good medicine." In the meantime, we see the other patients. This woman has just received a ticket for admission into the surgical ward. She intends to have the operation, but delays and objects. She wants to be persuaded a little more, to go over all the details again and again before she comes in. The next is in great distress. Her husband is about to make a second marriage because she has no children. She has been on pilgrimages from shrine to shrine, from temple to temple, making vows and offerings to the gods to obtain a son. The hospital is her last hope. This poor old woman is a neglected cancer case that is long past the operable stage. There is no use admitting her into the hospital, but we carefully note her address for home treatment. We can visit her regularly and perhaps during these visits can prepare her for baptism and a happy death. Now, there is a sudden lull in the buzz of conversation in the waiting-room. The attendants are bringing in a patient on a stretcher. "Bad fever for four weeks" is the history. She is obviously in a very serious condition, quite delirious, with twitching fingers and running pulse. It is probably typhoid fever, which is so prevalent because they persist in drinking the polluted water of the bathing tanks. She must be admitted at once. The women stand back to make way for the stretcher, and a murmur of compassion arises as she is carried in. "Will she live?" they ask incredulously. We explain that with hospital treatment it is possible to offer hope.

So the work goes on. We meet with all the cases you would find in an out-patients clinic at home and a great many more that you would not. Here is a child whose tonsils need removal; there is another dying of some obscure tropical disease, so little known that it is passed over without a mention in many textbooks. We can not cure its poor wasted body, but we can save its precious soul, so it did not come to the hospital in vain. These fine chubby infants were born in the hospital. They are thriving splendidly, thank God! The mothers bring them regularly for examination, because there are so many insidious diseases that threaten young life in India. The mother of the bright little fellow, with all the charms hung around his waist, lost eight babies before it occurred to her to trust herself and this ninth one to us. Now she is glad she did. The fine-looking woman who has just come in is not really ill. Before her marriage she lived in another part of India, where women have more freedom, and she finds the cramped Purdah life intolerable. Her need is for sympathy far more than for medicine; and here we are ready with both. There is so much to absorb our attention in the out-patients that we do not notice how the busy hours have flitted by. It seems impossible that we have been so long in this department. It would be pleasant to stay and talk awhile with the patients, but urgent work is awaiting us in the wards, let us go there!

* This is the first of a short series of articles depicting the work of a Mission Hospital for Women and Children in India.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. M. J. Curley, D. D., Archbishop of Baltimore. The Society is designed to meet the need existing in all parts of the foreign mission field, for Catholic medical women, willing to devote their life and profession to the service of the suffering millions of Pagandom.

It is intended for qualified women: Doctors, dentists, nurses, pharmacists, dieticians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for their generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or condition being excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the profession after admission, or with a view to devoting themselves to non-medical work, such as sacristan, housekeeper, social service worker, secretary, etc.

The requirements for admission are the same as for other religious communities. A period of one year is devoted to spiritual and missionary training, during which no professional work is allowed. After this time, the candidate is accepted as a member.

The work of the Medical Missionary is spiritual and professional. The practice of every branch of the medical profession is permitted, and the religious exercises and rule of life are so arranged as not to interfere with professional duties. Every variety of medical institution will be undertaken by the Society in the mission field; hospitals, dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums, and traveling dispensaries which bring medical aid from village to village, also obstetrical work and treating the sick in their homes.

While occupied with her duties the Medical Missionary is in close contact with the non-Christian people, in the hospital and in their homes. She has thus many opportunities of introducing the Catholic religion to them. The nature of the services she renders them, creates a spirit of sympathy and gratitude, which endears the name of Catholic and disposes the people favorably towards the Catholic Church. The Medical Missionary can enter behind the purdah curtain, and bring the message of the Church to the millions of Indian women, who would otherwise hear of it only from biased and prejudiced sources, and whose conversion is absolutely necessary in order to win India for Christ. Through her easy entrance to the homes, she can bring Catholic influences to bear on the young children from their tenderest years and dispose them towards Catholic ideals of living in later life. Through the confidence, which the mothers repose in her as a professional woman, she can defeat the pernicious influence of Neo-Malthusianism which is being rapidly diffused throughout the East. She can instruct the sick when ill and baptize the dying, when properly disposed. The training schools for native nurses offer a suitable vocation for Indian Catholic girls, who would otherwise not consider this profession since they would have to train in non-Christian hospitals, to the grave danger of their faith. (In many of the latter, Sunday is not observed.)

The first hospital of the Society was opened in February, 1928, in the native city of Rawalpindi, Punjab, India, in the Mill Hill Prefecture Apostolic of Kashmir and Kafristan. It has a training school for native nurses, all of whom at present are Catholics. Three pioneer members of the Society are in charge. The Society has been asked to undertake other Medical Missions in India, Africa and China.

Dr. Anna Dengel will be pleased to give further information to anyone who is interested in the Society. Address:

SOCIETY OF CATHOLIC MEDICAL MISSIONARIES,
Catholic Medical Mission House,
Brookland, Washington, D. C.

OUR FRONT COVER

THE front cover of our magazine depicts a Kashmiri woman sitting at the spinning wheel. Mahatma Ghandi says: "There is pauperism everywhere, let us put the spinning wheel everywhere." This advice of his was enthusiastically accepted by many Indian women. It is very pleasing to see the women sit together in little groups and spin and chat and often sing the ancient Indian folk songs to the accompaniment of a peculiar creaking sound produced by certain specially constructed spinning wheels.

In the foreground of the picture is Kashmir's ubiquitous portable heating plant—a so-called "Kangri." It is an earthenware pot fitted into a willow basket which permits of its being carried about when filled with the red hot braziers. The writer has seen women carry this kangri containing live coals under their frock, holding it with one arm and a baby on the other; also hugging the precious stove in bed under the bedclothes. The inevitable consequence is that many cases of burns come to the dispensary in the winter in Kashmir, some babies being burnt beyond recovery, others seriously injured or maimed for life. On a village tour through Kashmir, the writer met a boy about sixteen years of age, who had been burned as a child. No medical aid being available, the inner side of the upper arm and the side wall of the chest, both being burned, united—so that the boy now goes about for the remainder of his life with the arm grown on to the side of his body. Contracted elbows as a result of burns are not a rare sight. In most mission countries cripples are very numerous owing to the lack of proper care in the case of accidents and diseases which have a tendency to cause deformities.

The Medical Mission may be called the contribution of science to missionary endeavor * * * Women doctors and nurses are real apostles to the downtrodden and despised members of their sex in pagan lands.—Catholic Missions, February, 1929.